occlusion of the ureter with the subsequent spasm and pressure behind it.

Dr. M. Silverberg, San Francisco: In connection with the title of Dr. Krotoszyner's paper, I wish to present a specimen of stone in the kidney which is interesting for a number of reasons. In the first place it was found accidentally at autopsy, and secondly, it completely occluded the ureter and as a result the kidney and pelvis were atrophic.

A CASE OF TERTIARY MALARIA SIMULATING GENERAL SEPTIC PERITONITIS.*

By W. A. CLARK, M. D., Alameda County Infirmary.

A very puzzling and interesting patient, who was received at the Alameda County Hospital on the evening of March 18th of this year, is the excuse for presenting to you this evening this case history.

Mr. Maynard, age 49 years, native of Texas, coachman by occupation, entered the hospital March 18, 1910, complaining of pain in the right iliac fossae. Had typhoid five months ago; malaria one year ago with chills and fever every other day, this occurring in Marysville; never had pneumonia, dysentery, and has never been in the tropics. Neisser infection five years ago. Denies syphilis. For the past year has had a cough, with the spitting of blood on two occasions; no vomiting or shortness of breath. Night sweats at times, bowels regular; never passed blood or tar-like material.

Present illness began seven days ago with a chill, followed by a headache and general malaise; on the second day vomiting occurred six or seven times, this condition continuing to the time he entered the hospital. No blood or coffee-ground material vomited. On the third day a severe pain was felt in the epigastric region and over McBurney's point, which was not relieved by vomiting. Upon entrance to hospital patient's face was gray, haggard and pinched, and showed signs of great prostration. Temperature was 102.8, pulse 134 small and running, and respiration 32.

Physical examination showed heart and lungs normal. There was marked rigidity of the abdomen, especially over the right side. On palpation the patient complained of tenderness all over the abdomen, particularly in the region of the pylorus and over McBurney's point. There was a hyperaesthetic area clearly defined in the region of McBurney's point.

Diagnosis of exploded appendix with general peritonitis was made. Operation advised and accepted. This was done without a blood examination, as the case presented to me such a clear picture. While the operating-room was being set up, blood was examined, the report giving 5200 whites, and the smear showing tertian malaria parasites. Operation was deferred and a course of quinin instituted.

The next morning general condition improved. Temperature 98, pulse 86, respiration 26. Abdomen not so rigid or tender. Evening temperature 101.5 F., pulse 100, respiration 22. The patient made an uninterrupted recovery and left the hospital on the 24th.

This case was very interesting to me from the fact that a clinical diagnosis of an exploded appendix with general peritonitis was made, and he surely would have had an abdominal section if it had not been for the controlling influence of the laboratory. I believe that the explanation of this patient's condition to be that he did have a moderate inflammation of the appendix, which lighted up his old malaria and thus exaggerated his abdominal condition.

* Read before the California Academy of Medicine.

COMMENTS ON TROPICAL MEDICINE.

By CREIGHTON WELLMAN, Oakland.

TROPICAL MEDICINE AT THE STATE MEETING.

The writer was struck by the broad scope of the scientific program presented at the Annual Session of the State Medical Society recently at Sacramento. A program committee who arrange for papers and discussions on Our Tropical Possessions, Pellagra, Hookworm, Amoebiasis, Filariasis, Plague and Leprosy at a society meeting in these United States are to be congratulated as useful innovators, since, with one or two admirable exceptions, these important subjects have been strangely avoided in general meetings in this country. The interest and enthusiasm with which such topics were discussed and listened to by the physicians of the State was distinctly gratifying to the writer of this paragraph. The medical profession of California seems to be ready and anxious to do its part in the elucidation and facing of the tropical problems constantly being brought to our doors. Such symposia as the one presented at Sacramento are most useful in crystallizing our facts and opinions regarding these questions. The physicians of Northern California have planned for a similar discussion of tropical disease at their coming session, and it is hoped that the next State Meeting will be the occasion of another such discussion.

THE GREAT TROPICAL SCOURGES.

Morbidity and mortality statistics from the tropics are even harder to collect and of less value when collected than such figures are in temperate climates. In some tropical countries it is impossible to get a quarter of the sicknesses and deaths reported. Still the U. S. Public Health Reports for the three months ending April, 1910, are interesting reading. Cholera, Yellow Fever and Bubonic Plague continue to take their daily toll of the human race. Malaria, Blackwater Fever, Trypanosomiasis, Dysentery and other important diseases are not tabulated in the reports. Cholera is reported from India, Java and Sumatra, Persia, the Philippines, Siam, Straits Settlements, Turkey, Siberia, Russia, Germany and Norway. In the tropics there have been nearly 4000 reported cases in the Philippines and nearly 1400 in Java and Sumatra. From India the number of cases is not given, but nearly a thousand deaths are reported. Yellow Fever is reported from Brazil, Ecuador, Peru, Mexico, Yucatan, Panama, Trinidad and Venezuela. The cities of Para and Guayaquil suffered the most heavily, reporting 123 and 155 cases respectively. The pandemic of Bubonic Plague rages unabated, the disease being reported from Arabia, Brazil, Chile, China, Ecuador, Egypt, German East Africa, Hawaii, India, Indo China, Japan, Paraguay, Peru, Mauritius, Russia, Siam, Straits Settlements, Turkey, Venezuela and Zanzibar. India has suffered terribly, having had 88,511 reported cases with 74,448 reported deaths, which figures of course do not tell the entire story of her loss. The history of plague in Mauritius, with 120 cases during the period under discussion, is interesting, recalling the introduction of malaria into that island years ago. In Russia the mortality has been alarmingly high, 368 out of 399 cases having died.

In the Uralsk district 202 out of 208 cases succumbed, and in Beiskulak of 26 cases all died. In Peru, on the other hand, the mortality has been low, in Lambayeque 13 out of 39 died, and in Liberdad only 3 out of 32 cases were fatal.

A CASE OF DEPRESSED FRACTURE OF THE SKULL WITH SPONTANEOUS ELEVATION OF THE DEPRESSION AND COMPLETE RECOVERY.

By WILLIAM LELAND HOLT, M. D., Banning.

On the evening of June 11, 1910, I was called to attend a boy of six, who had fallen an hour before into a rock-lined water-conduit and "broken his head." I found him unconscious, tossing about, moaning, and in profound shock. Over the right parietal eminence, including I think the coronal suture, was a conspicuous depression about two inches long and half an inch possibly in depth. The pupils were equal; there was no bleeding from the ears, nose, or elsewhere; but fluid accumulated rapidly beneath the scalp, soon obliterating the parietal dent.

The boy reacted well to a hypodermic of strychnia and morphia, and in a few hours had regained consciousness apparently. He was feeble-minded and had never learned to talk; so it was hard to tell the effect upon his mentality.

Believing that an operation was indicated to stop a subdural hemorrhage, if one had occurred, and to relieve the pressure by elevating the depressed bone, I sent the boy next morning to the Riverside County Hospital to Dr. W. W. Roblee. I learned that he arrived in unexpectedly good condition, and was not operated upon; but was greatly surprised only two days later to meet his mother on the train bringing him home, and to find that the large dent in his skull had quite disappeared! He seemed as well as before his head was broken.

BOOK REVIEWS

Textbook of Physiology. Isaac Ott, A. M., M. D. F. A. Davis Company, Publishers, Philadelphia, 1909.

The third edition (1910) is very similar to the second edition (1907) and both are a marked improvement and development of the first edition (1904). In the matter of illustration the first edition contained but 137 in 550 pages of reading matter, while this edition contains 394 in 871 pages of matter. The general order of development of the subdivisions of physiology by different authors is an interesting matter for comparison. Dr. Ott places the primitive functions of digestion and absorption early and immediately after the cell and chemical constituents of the body; blood and circulation comes later; metabolism and animal heat later still and nervous physiology last.

In this edition the chapters on blood, circulation, and metabolism have been re-written, and the sections on respiration and internal secretions considerably revised.

In the words of the author this text seeks to avoid discussions, states what is generally accepted, and does not attempt to supply directions for laboratory technique.

The book has a directness of statement often that is pleasing and its large print is restful to read, but in sections there seems a lack of finish, a lack of clearness in statement or breadth of discussion such as one would expect from so large a text. The text represents an evolution and will doubtless appeal to many students and practitioners. F. W.

Duodenal Ulcer. By B. G. A. Moynihan, M. S. (Lond.), F. R. C. S. Published by W. B. Saunders Co., Philadelphia and London.

Less than a decade ago duodenal ulcer was considered a rarity and no one seemed confident of recognizing it during life.

To-day indisputable evidence shows its great frequency. Trained clinicians no longer consider its accurate diagnosis a difficult task. Indeed, Moynihan declares that in his experience the "diagnosis of duodenal ulcer is made with a degree of accuracy that is not exceeded in the cases of any other abdominal disorder."

The present volume of 362 pages, written in the author's well known lucid style, contains a detailed description of ulceration of the duodenum in burns, uraemia, tuberculosis and melaena neonatorum.

The chapters devoted to symptomatology and differential diagnosis of chronic ulcer have none of the earmarks of hackneyed descriptions, but show clearly the author's vast clinical experience. "The treatment of chronic duodenal ulcer should always be surgical."

Four methods of treatment are mentioned by Moynihan:

1. Excision of the ulcer—Simple excision.
2. Gastro-enterostomy.
3. Resection of the duodenum with or without the pylorus.
4. Resection and end to end anastomosis, the pylorus being left intact.

Excision is limited to small, free ulcer of the anterior surface, in which removal will not produce or be followed by constriction. Cases of this category are generally seen too late for excision. In the vast majority of instances posterior no loop gastro-enterostomy can be performed and will give the most satisfactory results.

The reviewer notes with surprise that to the numerous beautiful illustrations relating to the technique of gastro-enterostomy, the author found it necessary to add seven plates to explain a slight modification of Roux's operation, a procedure which has already been abandoned by both its originator and its chief advocate—Monprofit.

Resection of the duodenum may be resorted to in the rare cases of hourglass duodenum or of duodenal ulcer associated with gastric ulcer.

The chapters on perforation, diagnosis and treatment contain a vast amount of valuable information, and should be read by both physician and surgeon. Likewise the excellent and well illustrated pathological study of ulcer of the duodenum.

Perhaps the most valuable part of Moynihan's timely volume is the last third, which contains a detailed statement of all cases (189) operated by him to the end of 1908, with an analysis and summary. D. T.

Diseases of Infancy and Childhood. By Louis Fischer, M. D. F. A. Davis Company, Philadelphia, Publishers. 1910.

In this, the third, or 1910 edition, of his book, Dr. Fischer has aimed to cover his field in a complete and systematic manner. The book has been divided into twelve parts, as follows:

1. The New-Born Infant.
2. Abnormalities and Diseases of the Newly-born.
3. Feeding in Health and Disease.
4. Disorders Associated with Improper Nutrition and Diseases of the Mouth, Oesophagus, Stomach, Intestines and Rectum.
5. Diseases of the Heart, Liver, Spleen, Pancreas, Peritoneum and Genito-Urinary Tract.
6. Diseases of the Respiratory System.
7. The Infectious Diseases.